

LIVESCAN FINGERPRINT REQUEST

Date fingerprinted: _____ Type of picture ID presented: _____

APPLICANT INFORMATION

Must provide a picture ID to be printed

Applicant Name _____
Last, first, middle

Date of Birth _____ Race _____ Sex _____

Applicant address _____
_____ Zip _____

Applicant phone number _____

REQUESTING AGENCY INFORMATION

Agency ID: 1340A Agency Name: Bureau of Regulatory Services
(RQID)

Reason fingerprinted:

AR—Department of State, Bureau of Regulatory Services \$54.00 + LS Fee

****Disclaimer:** Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason.